

CITY OF ALLENTOWN
LEAD HAZARD REDUCTION APPLICATION
Rental Property

Applicant: _____ S.S. #: _____ D.O.B. _____
Co-Applicant: _____ S.S. #: _____ D.O.B. _____
Mailing Address: _____
Property Address: _____ # Unit _____ No. of Years Owned _____
Contact Number: _____ (Cell) _____ (Home) _____ (Work)
Email: _____
Marital Status: Married _____ Divorced _____ Single _____ Separated _____ Widowed _____
Ethnicity: Hispanic _____ Non-Hispanic _____
Race: White _____ Black/African American _____ Asian _____ American Indian or Alaska Native _____ Asian & White _____
Black/African American & White _____ Native Hawaiian or Other Pacific Islander _____ Other: _____

Homeowners Insurance Policy Number: _____	
Are you current on the following (Yes or No) Rental License: _____	Water & Sewer: _____ Property Tax (City, County, School) _____
Was this property built before 1978? (Yes, No, Unsure) _____	
Do any of the units have children residing under the age of 6? (Yes, No, Unsure) _____	

DECLARATIONS (Answer yes or no to the following questions)					
	Applicant	Co-Applicant		Applicant	Co-Applicant
Are there any outstanding judgments against you?			Are you a U.S. Citizen?		
Have you been declared bankrupt within the last 7 years?			Are you a resident alien?		
Have you had property foreclosed on in the last 7 years?			Are you a non-resident alien?		
Are you a party to a lawsuit?			Green Card Number		
Are you a co-maker or endorser on a loan?					
<i>I (we) hereby certify that all the information stated herein is true and accurate.</i> <i>I (we) hereby authorize the City of Allentown to investigate my (our) application.</i>					
Applicant: _____		Date: _____		Co-Applicant: _____	
				Date: _____	

Authorized Official:

Signature Date Title